



Trauma and The LGBT Community: Understanding how triggers result in Substance Use and Relapse

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Learning Objectives

- Highlight the ways in which trauma affecting the LGBT community members conflate with childhood triggers in seeking substance abuse treatment.
- To explore how these traumas can result in triggering experiences leading to substance, and how we can avoid them.
- To offer Trauma Informed Care strategies, tips, and language to best engage members of the LGBT community struggling with substance misuse in developing healthier coping mechanisms.



Trauma and LGBT Experience:

Trauma: When a person's internal resources are overwhelmed by their external experiences (Sandra Bloom)

- This can be due to childhood abuses
 - These childhood challenges can affect neurobiological development, cognitive processing, and the reliance of survival behavior
 - These challenges can change the reward center of the brain (Williams, 2020; Cassiers, et al., 2018)
 - These realities can lead people to use drugs as both a coping mechanism as well as an escape
 - This can be related to other trauma legacy causing experiences in one's life
 - This can be the result of negative, punitive, and de-valuing responses associated with their sexuality or stigma



Types of Trauma in childhood:

-Abuses

- Sexual, Physical, Emotional, Instances of Neglect

-Natural disasters

- Dislocation, loss of community, home, favorite toys or pets, etc.

-Poverty

- Homelessness, transience, hunger, unsafe communities

-Dysfunctional parents

- Feeling unsafe, unprotected, or vulnerable



Trauma for members of the LGBT community:

- Rejection from family
- Stigma from society
- Threat of hate crimes
- Underrepresentation or negative representation in media or in society (eg: every lesbian in every movie being killed or raped prior to 2019ish!!; every gay male being rejected by paternal figure and unprotected by a dependent maternal figure)
- Religious rejection
- Denial, avoidance, or lack of expertise from medical care providers
- Threat and HIV stigma- compounded by Covid



Poll Question Number 1

True or False:

- Understanding the diversity for members of the LGBT community directly parallels those of heterosexual individuals:



Triggers: An explanation

Triggers are sensory experiences that conflate the present with an emotionally dangerous situation from the past.

Triggers may result in both visceral and emotional reactions that can be problematic, as well as in survival behavior- which is often irrational and unhelpful

(Perry et al, 1995; Reavis et al, 2013; Shonkoff et al, 2012).



Tx related Triggers re: Substance Misuse

- Sadness (Dorison, et al., 2020).
- Shame
- Stigma
- Implicit Bias
- Internalized homophobia
- Judgment
- De-valuation
- Microaggressions

(Livingston, Berke, Ruben, Matza & Shipherd, 2019).

Tx Adjacent Triggers:

- Medical Exams
- Being outed, seen or labeled (McCormick, Sheyd & Terrazas, 2018)



Shame:

Incidences:

- Internal examples
- Assumptive statements and behavior of practitioners
- Clear disappointment
- Focus on deficits vs strengths
- Educate oneself re: process of rehabilitation

Antidote:

- See client in whole context, not as an “outlying example”
- Avoid Judgment laden language or suggestions
- Notice and celebrate all “wins” however small
- Validate experiences and challenges



Stigma:

Incidences:

- Using disease or trait first vs person first language
- Inherent beliefs re: substance use re: type of personality or type of person who uses
- Viewing substance use as a “moral failing”
- Expecting and judging survival behavior
 - Lying or manipulation
- Implicit Bias & Microaggressions

Antidote:

- Acknowledge the reality
- Pay attention to your adjectives & word choice
- Increase affirming language
- Review and eliminate some clinical terms:
 - Alternative lifestyle
 - “Risky Behaviors” (Re: sex, when all sex is risky)
 - “Clean” vs “Dirty” (Re: tox screens”)
 - “Gay sex”
- Write notes as if a client will read them (Goddu, et al., 2018).
- Practice Compassion
- Practice Empathy



Implicit Biases

Incidences:

- Provider changing tone, level of support, or increasing punitive responses to clients with Substance Misuse challenges
- Inherent belief that certain types of drug use, or drug uses are not “redeemable”
- Racial Bias affecting treatment offering/support
- Belief in mode of drug use being more recoverable than others

Antidote:

- Honest self reflection
- Continuous Quality Improvement (CQI) review
- [Harvard Implicit Associations Test](#)
- Via Clinical Supervision



Internalized Homophobia:

Incidences:

- Reinforced messages of shame and lack of worth
- The trauma of “Tolerance” vs “Acceptance”
- Educate oneself re: process of rehabilitation

Antidote:

- Avoid judgments
- Foster self-definition and strengths identification
- Support process of normalization
- Group work re: self-acceptance



Microaggressions:

Incidences:

- Misgendering clients
- Refusing to use chosen names
- Assumptions and bias leading language choice and statements
- Diminishing someone to a label or stereotype and focusing on those traits
- Allowing previous bullet to direct care and treatment

Antidote:

- Self-reflection and reckoning of stereotypes, judgments and values
- Questioning your “surprise”
- Noting when you feel “confused”, “out of your depth”, or “lost” in your understanding or perception of someone
- Slowing down the process to unpack what is happening



Poll Question Number 2

True or False:

- A provider's increased sensitivity to substance misuse as a coping mechanism can strengthen the efficacy of their intervention with individuals struggling with substance misuse:



Trauma Informed Care = Universal Precaution:

Trauma Informed Care is a way of engaging with people that is never contraindicated.

Using Trauma Informed Care Principles, we can support the ways in which trauma has affected our LGBT community members and may have fostered their coping with substance misuse.



Trauma Informed Principles

Trauma Informed Practice is built on the following actions:

- Changing the paradigm
 - Inherently asks “What happened to you ?” vs “What’s wrong with you?”
- Remaining Present
- Validating
- Not Judging
- Offering Transparency
- Offering Consistency
- Offering Choice and Control
- Preserving Dignity at every turn
- Supporting Problem-solving & decision-making
- Supporting Self-Management (Fostering Resilience)



Integrating Trauma Informed Principles into Care:

Applying these principles into the care we offer clients navigating childhood trauma and LGBT discrimination related trauma can support healing and recovery from **substance misuse** (Rojas, et al., 2019; Levenson, Craig and Austin, 2021).



T.I. Strategies- Org based:

- Agency responsibility for triggering processes and protocols
- Reviewing practice to minimize inherent judgment and harsh oversight
- Increasing choice and control for clients wherever and however possible
- Honoring the use of drugs as a coping mechanism, and a desire to survive, vs assumption that clients are trying to be self-destructive
- Honoring needs in skill building of new and healthy coping mechanisms
- Clarity and transparency in our language re: substance misuse concerns
- Integrating the concept of “Dignity” at every level of client contact and care
- Increasing validation opportunities across the organization



Recognizing these realities is half the battle

The more awareness we can offer the better our care can meet the needs and challenges affecting our clients who are members of the LGBT Community.

Thank you for spending this time with me to think these through!!



Poll Question Number 1

True or False:

- Increasing our Trauma Informed Responsiveness can support the healing and revised coping strategy for individuals living with substance misuse:



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